



City of Maple Grove Public Works  
Annual Backflow Preventer Test/Rebuild Report  
12800 Arbor Lakes Pkwy  
Maple Grove, MN 55311-6180  
Ph: (763) 494-6370 Fax: (763) 494-6424

## JOB INFORMATION

|   |                         |
|---|-------------------------|
| COMPLETE PROPERTY ADDRESS<br>WHERE DEVICE IS LOCATED: |                         |
| OWNER/CONTACT<br>NAME:                                | OWNER/CONTACT<br>PHONE: |

## DEVICE INFORMATION

*ALL irrigation systems must be tested yearly, **SPRING ONLY***

|   |                                   |                   |        |         |        |
|---|-----------------------------------|-------------------|--------|---------|--------|
| WHERE ON THE PROPERTY<br>IS THE DEVICE LOCATED: |                                   | ROOM OR<br>FLOOR: |        |         |        |
| WHAT SYSTEM DOES THIS DEVICE SERVE:             |                                   |                   |        |         |        |
| METER #:  | REMOTE #:                         | RPZ SERIAL #:     | SIZE:  | MAKE #: | MODEL: |
| LOCK BOX COMBINATION                            | PERMIT # (NEW INSTALLS/REBUILDS): |                   | NOTES: |         |        |

|                             |                                    |                                   |                   |                          |  |
|-----------------------------|------------------------------------|-----------------------------------|-------------------|--------------------------|--|
| TEST YEAR:<br>(CIRCLE ONE)  | NEW INSTALL<br>*PERMIT<br>REQUIRED | REBUILD<br>*PERMIT REQUIRED       | _____ ANNUAL TEST |                          |  |
| INSTALL DATE:<br>(MM/DD/YY) |                                    | LAST OVERHAUL DATE:<br>(MM/DD/YY) |                   | TEST DATE:<br>(MM/DD/YY) |  |

## TESTING INFORMATION

**\*\*\*DEVICE MUST BE PROPERLY TAGGED AFTER TEST\*\*\***

|  |                            |                    |                |
|--|----------------------------|--------------------|----------------|
| IRRIGATION SYSTEM TESTING TO BE<br>COMPLETED YEARLY IN SPRING ONLY | #1 CHECK VALVE<br>PSI/DIFF | RELIEF<br>PSI/DIFF | #2 CHECK VALVE |
| TEST BEFORE REPAIRS  |                            |                    |                |
| FINAL TEST   |                            |                    |                |

## REPAIR/REPLACEMENT INFORMATION

**\*\*\*Please read and follow instructions carefully\*\*\***

|   |               |
|---|---------------|
| DESCRIBE REPAIR: (IF EXISTING VALVE IS REPLACED, INDICATE SERIAL NUMBER OF DEVICE REMOVED <u>AND</u> SERIAL NUMBER OF DEVICE INSTALLED). ALL REPLACED PARTS MUST BE LEFT ON SITE FOR FINAL PLUMBING INSPECTION. PERMIT APPLICATION AVAILABLE ONLINE AT CI.MAPLEGROVEMN.GOV OR 763-494-6060. | OLD SERIAL #: |
|   | NEW SERIAL #: |

## COMPANY/TESTER INFORMATION

|  |                                |
|--|--------------------------------|
| TEST DONE BY: (PRINT FIRST & LAST NAME)    | CERTIFICATION NUMBER:          |
| COMPANY NAME:                              | COMPANY/TESTER PHONE:          |
| COMPANY/CONTRACTOR EMAIL:                  | COMPANY/CONTRACTOR FAX NUMBER: |
| COMPANY ADDRESS INCLUDING CITY, STATE, ZIP | CONTRACTOR LICENSE #           |

**TEST REPORT FORM MUST BE COMPLETED IN ITS ENTIRETY.**

PERMIT IS REQUIRED FOR BACKFLOW PREVENTER OVERHAUL/REPLACEMENT. PERMIT IS NOT REQUIRED FOR ANNUAL TESTING.  
PERMIT APPLICATION OR INFORMATION AVAILABLE AT CI.MAPLEGROVEMN.GOV OR 763-494-6060.

RETURN COMPLETED TEST REPORT TO THE MAPLE GROVE PUBLIC WORKS DEPARTMENT.

FAX: (763) 494-6424

E-MAIL: publicworks@maplegrovmn.gov